

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42329
STATE FILE NUMBER
11500

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5501 Waterman Ave.				Length of stay in lb years 1/2		d. STREET ADDRESS 5501 Waterman Ave.	
3. NAME OF DECEASED (Type or print) First EMMETT Middle J Last MARTT				4. DATE OF DEATH Month Nov Day 29 Year 1957			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 29, 1877	
9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months 10 Days 0		11. IF UNDER 24 HRS. Hours 0 Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker				10b. KIND OF BUSINESS OR INDUSTRY Advertizing		11. BIRTHPLACE (City and state or country) Gallopolis, Ohio	
13. FATHER'S NAME Louis J. Martt				14. MOTHER'S MAIDEN NAME Florence Caldwell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish-American				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Vada DeHart 5501 Waterman Avenue	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio Sclerosis Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Hypertension Chronic Essance</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>420.0</u>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION				COUNTY		STATE	
21. I attended the deceased from <u>1940</u> to <u>Nov 29 57</u> and last saw him alive on <u>8/15/57</u> Death occurred at <u>12:15 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Chowmiller M.D.</u>				22b. ADDRESS <u>408 Humboldt</u>		22c. DATE SIGNED <u>29/Nov 57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/2/57		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR ADDRESS C.R. Lupton and Sons 7233 Delmar				25. DATE RECD. BY LOCAL REG. DEC 2 '57		26. REGISTRAR'S SIGNATURE <u>Carl Smith mo</u> m83	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold W. Schoen

Licensed Embalmer No. 386

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.